

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-046745

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 366

Primary Registration District No. 4535

Registrar's No. 122

FILED DEC 15 1965

## 1. PLACE OF DEATH

a. COUNTY

Washington

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Mineral Point

Length of stay in 1b  
10 Yrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Residence

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Washington

c. CITY OR TOWN

Mineral Point

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Gen. Del.

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Henry

Middle Lonnie

Last DeGonia

4. DATE OF DEATH

Month Dec.

Day 9

Year 1965

5. SEX

Male

6. COLOR OR RACE

Cau.

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1/31/89

76

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (City and state or country)

Old Mines Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Thomas DeGonia

13b. MOTHER'S MAIDEN NAME

Laura Lore

14. NAME OF HUSBAND OR WIFE

Mary (Dec'd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT Address Mo.

A John B. DeGonia Mineral Point

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Apoplexy  
Arterio Sclerosis

INTERVAL BETWEEN ONSET AND DEATH

Two hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Valvular heart lesion

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug-1-1964 to Dec-9-1965 and last saw him alive on Dec-2-1965. Death occurred at approx. 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Joseph L. Thuman M.D.

22b. ADDRESS

Potosi, Mo.

22c. DATE SIGNED

12-11-1965

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12/13/65

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

Potosi, Mo.

24. FUNERAL DIRECTOR

Gum & Son

ADDRESS

Potosi, Mo.

25. DATE RECD. BY LOCAL REG.

12/11/65

26. REGISTRAR'S SIGNATURE

Helmut Kindel

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/59

1 1100

2 1100

3

4 0

5 2

6

7 0

8 0

9 334X

10

11

12 90-0

13 1-2

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William H. Dunn

Licensed Embalmer No. 5155

P. O. Address Porter, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.